

June 1, 2004

Montana Medicaid Notice

Physicians, Mid-Level Practitioners, ASCs, IHS, and Hospital Providers

Important Reminder Regarding Sterilizations, Hysterectomies and Abortions

The following forms must be attached to claims for the services listed below, or payment will be denied:

- **Induced Abortions** -- *Medicaid Recipient/Physician Abortion Certification* form (MA-37)
- **Elective Sterilizations** -- *Informed Consent to Sterilization* form (MA-38)
- **Hysterectomies and Other Medically-Necessary Sterilization Procedures** -- *Medicaid Hysterectomy Acknowledgement* form (MA-39)

It is the provider's responsibility to obtain a copy of each form from the primary or attending physician.

Contact Information

Questions regarding this notice can be directed to Physician Program staff Doug Girard (406-444-3337) or Denise Brunett (406-444-3995).

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958

Visit the Provider Information website:

<http://www.mtmedicaid.org>